For receiving Office use only International Application No. REQUEST International Filing Date The undersigned requests that the present international application be processed Name of receiving Office and "PCT International Application" according to the Patent Cooperation Treaty. Applicant's or agent's file reference (if desired) (12 characters maximum) 1581/140 WO Box No. I TITLE OF INVENTION METHODS AND DEVICES FOR RELEASING VOLATILE SUBSTANCES Box No. II APPLICANT This person is also inventor Name and address: (Family name followed by given name; for a legal entity, full official designation. Telephone No. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) 011-30-210 669 1000 LAVIPHARM S.A. Facsimile No. Agias Marinas St. 011-30-210 664 2310 P.O. Box 59 Teleprinter No. Peania 19002, Attica Greece Applicant's registration No. with the Office State (that is, country) of nationality: State (that is, country) of residence: US This person is applicant for the purposes of: all designated States except the United States of America all designated the United States the States indicated in the Supplemental Box of America only Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S) Name and address: (Family name followed by given name; for a legal entity, full official designation. This person is: The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) applicant only FOTINOS, Spiros 18A I. Statha Str. applicant and inventor Kolonaki, Athens 106-72 inventor only (If this check-box is marked, do not fill in below.) Greece Applicant's registration No. with the Office State (that is, country) of nationality: State (that is, country) of residence: GR This person is applicant for the purposes of: all designated all designated States except the United States of America the United States the States indicated in the Supplemental Box of America only Further applicants and/or (further) inventors are indicated on a continuation sheet. Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE The person identified below is hereby/has been appointed to act on behalf of the applicant(s) before the competent International Authorities as: common agent representative Name and address: (Family name followed by given name; for a legal entity, full official designation. Telephone No. The address must include postal code and name of country.) 617-443-9292 SUNSTEIN, Bruce D.; ASHER, Robert M.; MURPHY, Timothy M.; SAUNDERS, Steven Facsimile No. G.; BUCHANAN, Karen A.; PETUCHOWSKI, Samuel J.; KLAYMAN, Jeffrey T.; STICKEVERS, John J.; MORANO, Elizabeth P.; SANDVOS, Jay; SMOLENSKI, JR. Alexander J.; CONWAY, John L.; CARTER, Barbara J.; MONTANA, Shaun P.; SHEN, Teleprinter No. Charlton; SACHAR, Kenneth S. **BROMBERG & SUNSTEIN LLP** 125 Summer Street Agent's registration No. with the Office Boston, MA 02110-1618

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US

Sheet No. . . 2. . .

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| If none of the following sub-boxes is used, this sheet should not be included in the re | | |
| Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) PANAITESCU, Ligia 22, Naxou Str. Ano Dasos Chaidariou, Attiki 124-61 Greece | | |
| State (that is, country) of nationality: State (that is, country) | | |
| GR State (that is, country) of nationality: GR | y) of residence: | |
| This person is applicant all designated all designated States except | the United States of America only the States indicated in the Supplemental Box | |
| Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) TSARDAKA, Ekaterini 12, V. Tsounia Str. Maroussi, Athens 151-26 Greece | This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) Applicant's registration No. with the Office | |
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| O'HALLORAN, David Paul 10 Fern Place Milltown, NJ 08850 US | This person is: applicant only applicant and inventor inventor only (If this check-box is marked, do not fill in below.) applicant's registration No. with the Office | |
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| State (that is, country) of nationality: State (that is, country) of | residence: | |
| | United States America only the States indicated in the Supplemental Box | |
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| Box No. IX CHECK LIST; LANGUAGE | OF FILING | | |
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| This international application contains: (a) in paper form, the following number of sheets: request (including declaration sheets) : 4 sheets description (excluding sequence listings and/or tables related thereto) : 23 sheets claims : 11 sheets abstract : 1 sheets drawings : 5 sheets Sub-total number of sheets : 44 sequence listings : tables related thereto : (for both, actual number of sheets if filed in paper form, whether or not also filed in computer readable form; see (c) below) Total number of sheets : 44 (b) only in computer readable form (Section 801(a)(i)) (i) sequence listings (ii) tables related thereto Type and number of carriers (diskette, CD-ROM, CD-R or other) on which are contained the sequence listings: tables related thereto: | This international application is accompanied by the following item(s) (mark the applicable check-boxes below and indicate in right column the number of each item): 1. | : : : : | |
| (additional copies to be indicated under items 9(ii) and/or 10(ii), in right column) Figure of the drawings which | postcard Language of filing of the | · - | |
| should accompany the abstract: 1 | international application: English | | |
| Box No. X SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request). Charlton Shen, Attorney for Applicant | | | |
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